



Robin A. Sykes, M.D., P.C.A

**Receipt of Notice of Communication through
SMS (Text Messaging) System**

You have confirmed that you want to receive vital messages and appointment reminders from Robin A. Sykes, M.D., through SMS. Please be advised that, as a HIPAA-compliant organization, SMS communication is not entirely secure. Standard message and data rates may apply, and message frequency may vary. You read and acknowledge the full terms and privacy information provided separately in the "Receipt of Notice of Privacy Practice Written Acknowledgement Form".

I have received notice that Dr. Sykes and staff will be contacting me and sending appointment reminders thru SMS.

Signature

Print Name

Date